

Not like us? Wolfensberger's 'major historic roles' reconsidered.

Abstract

This interdisciplinary article revisits and re-evaluates an element of conceptual theory devised by Wolf Wolfensberger (1934-2011), one of the founding fathers of disability studies. Wolfensberger devised a typology which sought to historically position the ways in which disabled people, particularly those with intellectual impairments, have been viewed, perceived, stigmatised and (mis)used by wider society. Given that the academic, professional and practical landscape of disability studies has changed markedly over the last several decades it is useful to revisit and reinterpret past ideas to test their ability to inform our current understandings. Using two recent examples from the United Kingdom (UK) of when care provision for people with intellectual impairments and complex needs has gone wrong, this article re-evaluates Wolfensberger's typology and concludes that it remains of relevance and should continue to inform our thinking.

Keywords: Wolfensberger; major historic roles; intellectual impairment; labelling; abuse.

Introduction

In some tangible ways, disabled people's lives and entitlements have changed, and arguably improved, in the UK over the past thirty years. Disabled people are no longer incarcerated for decades in long stay Victorian built institutions, and the enactment of innovative social policies such as 'care in the community' and 'personalisation' have created a measure of independence and control over their own lives which previous generations of disabled people would not recognise. This is not to say, however, that the lives of disabled people have been uniformly and always positively transformed. Institutionalised care, albeit provided in the community, the pernicious effect of poverty exacerbated by a reliance on decreasing

welfare benefits and policies created by austerity, and a diminution of practical resources has led many disabled people to lead lonely, impoverished and isolated lives. In this contested and evolving landscape it is useful to revisit learning gained from previous insights and analyse how this knowledge can inform our present understanding.

Wolf Wolfensberger was a pioneering German-American academic who can be regarded as one of the founding fathers of disability studies. He liberally contributed to debates concerning the perception, care and support of disabled people with a particular emphasis on intellectual disability and his ideas have had a direct influence on the formulation of social policy in the Western world. In particular, he is known for his work on normalisation and social role valorisation which were important contributions to the formulation of policy which led to de-institutionalisation and the introduction of more individual, personalised ways of working. Wolfensberger's ideas were most prominent in the latter decades of the twentieth century and some of his arguments have not stood the test of time and now look dated, even anachronistic. Like many theorists, he liberally drew on the work of other thinkers of his time, such as Goffman and Foucault, and was notable for concentrating his analyses onto the neglected subject of disability.

Amongst Wolfensberger's many creative ideas he devised a typology which sought to historically position the ways in which disabled people, particularly those with intellectual impairments, had been viewed, perceived, stigmatised and used by wider society. Wolfensberger entitled these stereotypes 'major historic roles', and consistently revised his conception over a number of years.

In devising his typology he consciously drew on a range of disciplines and argued that these historic roles were not confined to the past but were still present in American society and were capable of exerting a powerful influence on the perception of policymakers, service providers and the public alike. This article revisits his typology and argues that although it is now over forty years old, that the observations made by Wolfensberger remain alarmingly relevant to disabled people in the UK.

Wolfensberger's definition of 'deviancy'

Central to an understanding of Wolfensberger's typology of major historic roles is a recognition of the importance of 'deviancy' in his thinking. Wolfensberger (1972,13) defined a 'deviant' as someone who

'... is perceived as being significantly different from others in some aspect that is considered of relative importance, and if this difference is negatively valued.'

He argues that this labelling of people is a social construction and acknowledges that what might be seen as different, negative or deviant in one society or community, might conversely be highly valued in another. Whilst he was specifically referring to the labelling experienced by people with intellectual impairments, his definition is suitably flexible as to incorporate a range of other differences. For example, he recognises that sometimes even minor variations in size, height or appearance can lead to the acquisition of the label of deviant along with more obvious differences associated with mental illness, disability and age. Wolfensberger additionally recognised that his definition is contentious as it does not imply any conscious intention on the part of the individual to try to be different or deviant. On the contrary, the label of deviant is applied to the individual by those around them based on their perceived difference, and often leads to a range of adverse consequences such as

vilification, isolation and persecution. Wolfensberger (1992) theorises that this process is inherent in society as people have a need to come together to form groups or collectives which then automatically exclude others. Often this process is concerned with the acquisition or protection of power, wealth and status by a privileged minority and is a key component of social stratification. For Wolfensberger then, the deviant performs a pivotal function in society as they assist social groups to form and to confirm their identity, help to alleviate societal tensions, and affirm the established hierarchy. Consequently, every society will create its' own groups of deviants as they are necessary for the effective and efficient running of society.

Wolfensberger (1992) further argues that the identification of deviants is exacerbated during times of significant economic, social or political stress in societies as these structural tensions promote the scapegoating and harassment of people who are different. This process was notably present in Germany during the 1930's when Jewish people, and a range of other 'undesirables' including disabled people, were systematically portrayed by the Nazi party as being the cause of the nations' problems leading to widespread persecution and eventually state sanctioned mass murder. In a similar way, it is interesting to note contemporary echoes of this pernicious process. Disability hate crime, negative media representations and the active vilification of some vulnerable groups has increased in recent years in the UK as the country has struggled with the collapse of the banking industry, financial uncertainty and the imposition of punitive welfare policies (Briant, Watson and Philo 2013; Cross 2013). Whilst it would be inaccurate to suggest that these two examples are identical, it is interesting to reflect that even in modern societies some groups are consistently labelled and blamed for events outside of their control.

In his ground breaking book which introduced the principles of normalisation, Wolfensberger (1972) suggested that a study of history and culture revealed that people with intellectual impairments had commonly been perceived and stereotyped in a number of different but interrelated ways. These depictions often led to a 'self-fulfilling prophecy' with labelled people adopting behaviours or actions which further validated or confirmed their differences to the wider community.

Wolfensberger identified eight major historic roles which, he argued, remained relevant and directly led to a range of adverse implications for the care and support of people with intellectual impairments. The historic roles are;

- The deviant individual as a Subhuman Organism;
- The deviant individual as a Menace;
- The deviant individual as an Unspeakable Object of Dread;
- The deviant individual as an Object of Pity;
- The deviant individual as a Holy Innocent;
- The deviant individual as a Diseased Organism;
- The deviant individual as an Object of Ridicule;
- The deviant individual as an Eternal Child.

In order to contextualise these historic roles, and to analyse their continuing relevance to the lives of disabled people, two well publicised and recent examples of abusive and dysfunctional care settings from the UK will be used as case studies.

The Westgate College for Deaf People and Winterbourne View Hospital

The Westgate College for Deaf People in Kent, England, was registered to provide accommodation, with personal care and support, for up to fifty five young adults who had hearing, communication, physical or learning disabilities. Separate to this, the

college was also registered as a school, responsible for providing specialist education for deaf children. In June 2014 the Care Quality Commission (CQC), the independent regulator for health and social care for adults in England, began receiving complaints regarding a range of services provided by the college. From October 2014 through to July 2015 the CQC carried out a series of interventions which found evidence of abuse eventually leading to a number of staff being suspended and dismissed, and the withdrawal of registration from the college. The parent company subsequently went into administration and the college was closed.

According to the CQC (2016) a number of safeguarding concerns were identified at the college including the lack of appropriate supervision of vulnerable students, serious errors regarding the administration of medication, and the inadequate recording of important information. Further individual examples of abuse and neglect were uncovered which revealed that students were subject to a culture which was demeaning and dehumanising.

In July 2015 it was alleged that 'a resident had had a hot cup of tea placed on their arm and was then goaded by a staff member'. In the same month there was a further allegation that 'a staff member had grabbed a resident around the neck and pushed their head down'. Throughout the inquiry the CQC consistently found that vulnerable students were punished by staff, often for doing no more than exhibiting challenging behaviours. For example, in October 2014 'when a resident ripped their t-shirt, a member of staff hit the resident with this, while reprimanding them for their behaviour and telling them that their activities would be withdrawn' (CQC 2016). Since the closure of the college, further allegations have emerged from parents suggesting that students had money stolen from them and that staff used vehicles provided for

students with limited mobility to travel to continental Europe to purchase cigarettes and alcohol.

The most shocking incident of abuse, however, occurred in the autumn of 2014 and was uncovered when a whistle blower alerted the British Broadcasting Corporation (BBC) to the existence of mobile phone footage which showed a member of staff dancing naked around a student with complex and enduring needs at a boarding house run by the college (BBC 2016a). Other members of staff were also present dancing semi naked, smoking, drinking alcohol, swearing and using sexually explicit language.

As distressing as these incidents are, other recent reviews and inquiries into the abuse of people with intellectual impairment in the UK have revealed that the use of vulnerable residents as toys and figures of amusement by staff is not confined to Westgate College. In May 2011 an undercover journalist working for the BBC covertly filmed the systematic abuse and torture of residents at Winterbourne View, a private hospital for adults with intellectual impairments and autism situated in Gloucestershire, England. The hospital was closed and eleven members of staff were subsequently tried at Bristol Crown Court for a range of offences. The horrific nature of the abuse sustained by residents over a significant period of time is well documented in the serious case review commissioned by the South Gloucestershire Safeguarding Adults Board (Flynn 2012). What is noteworthy is that staff devised 'games' and punishments to be used on residents for their amusement. Flynn (2012) records the use of water based punishments, staff wrestling with residents, and trials of strength which patients could not win. Staff were filmed trapping residents under chairs, mimicking Nazi concentration camp guards and poking residents in their eyes. One particularly disturbing incident records two members of staff physically

restraining a young female resident with complex needs whilst simultaneously taunting her with the gift of sweets (Hill 2012). It is neither appropriate nor possible to attempt to explain or justify these incidents. They do, however, serve to illustrate that under certain contained, inadequately managed dysfunctional conditions, that disabled people can be viewed as playthings to be derided and ridiculed by people in positions of power.

In order to analyse these two case studies using Wolfensberger's concept of major historical roles as a theoretical lens, it is first necessary to offer a brief summary of the roles.

The deviant individual as a 'Subhuman Organism'.

This first historic role views those who are intellectually impaired, as being sub-human, or at best, not fully human. As with all of Wolfensberger's roles, this perception leads to the 'othering' of people with disabilities and emphasises their differences, abnormalities and limitations. Wolfensberger (1972) suggests that people who are perceived in this way undergo a process which sequentially strips them of their human attributes and characteristics in the eyes of those around them, often leading them to be compared to non-human entities such as animals or even vegetables. This systematic withdrawal of their humanity legitimates the subsequent removal of rights and privileges.

The deviant individual as a 'Menace'.

Wolfensberger (1972) secondly suggests that deviance or difference is historically associated with the Christian concept of evil and that people who behave or appear to be outside of the conventions and rules of society are seen as being a menace or a threat due to their inherent badness. The perception is that these deviants are

unable to control themselves and therefore their behaviour needs to be managed by those in positions of authority. Wolfensberger divides this stereotype into those who have criminal tendencies, and those who are seen as a threat to the health and wellbeing of society due to their ability to pass on inherited defects and diseases.

The deviant individual as an 'Unspeakable Object of Dread'.

This categorisation is closely linked to the previous depiction where the deviant is seen as being sub-human but moves the image even further away from 'normality' portraying the person as being a 'dreadful entity' who has been sent by God as a form of punishment. As Wilson (2002) found in his study of the history of eighteenth and nineteenth century 'monsters', disabled babies and children have long held a fascination as curios, objects of horror and items to be exhibited to the public gaze. Often, the more deformed, twisted or 'dreadful' the child the greater the fascination.

Whilst it might be convenient to dismiss such gross caricatures as being consigned to history, a search of some of the more offensive eugenic websites reveals that these views still exist. Hawkins (2004) in his life affirming narrative of working with a young man with intellectual impairment and complex needs, records the following correspondence from the 'Prometheist church' in the United States;

'Retards are non-viable humans placed in the correct classification of Freaks or Monsters. Anyone who raises a retard is wasting their time... Bottom line: Retards are a total waste of time and resources not only on the parents but on society as a whole' (Hawkins 2004,52).

The deviant individual as an 'Object of Pity'.

The emphasis within this perception is one of pity, which is often misplaced or patronising in nature. The afflicted individual is seen as not to blame for their

situation, unable to avoid what fate has decreed, and deserving of some sympathy and help. Nonetheless, they are also viewed as being a burden on society and are expected to reciprocate in some way for the largesse they receive. The person may be caricatured as 'suffering', preferably in silence, or at least with a measure of gratitude for the sometimes limited help they receive. Often any assistance given to the person is of a basic kind and there is no expectation that they will receive anything which hints of luxury or excess. It is useful to reference writers such as Stramondo (2009) who argue that expressions of pity, even those which may derive from altruistic or humane origins, actually cause 'social harm' to disabled people as they emphasise and reaffirm the inequality of power relations that exist in society and obscure the powerlessness of disabled people. This position correlates to Wolfensberger's views and reinforces the understanding that these historic roles are essentially concerned with the functional operation of power facilitated by the dehumanising of some groups of people and the social elevation of others.

The deviant individual as a Holy Innocent

Another role attributed to deviants, especially those who are mentally ill or intellectually impaired, is that of an innocent who is sometimes seen to possess special powers or insights, or seen as being a gift from God. A particular attribute is their purity or innocence which has led to a belief that they are incapable of sin or conscious wrongdoing. Wolfensberger (1972) provides examples, drawn from a range of Western and indigenous cultures, which emphasise the near sanctity of these 'holy idiots'. Whilst the phrase 'holy innocents' has a lengthy tradition in art (Eg Bruegel's 'Massacre of the Innocents'), theology (the murder of the holy innocents by King Herod in St Matthew's gospel) and ethics (debates especially in Catholicism about the termination of pregnancy which emphasise the innocence of the unborn

child) this patronising image is perhaps less pervasive in contemporary Western perceptions of disability. On the contrary, more recent writings have persuasively argued against the use of religious based clichés in reference to disability as they often undermine a rigorous understanding of the issues (see for example [Calder 2004]). Equally, it could be suggested that such images are perpetuated still in the UK by the use of contested terms like ‘special’ needs or ‘special’ schools which refer to students with behavioural problems or disabilities.

As with all of the historic roles identified by Wolfensberger, this conception forces us to critically examine the values and aspirations that underpin such perceptions and to consider the practical impact they have on the care and support of disabled people.

The deviant individual as a ‘Diseased Organism’.

This characterisation sees the deviant as sick or diseased and in need of treatment and has had a number of iterations over the years from Talcott Parsons’ (1951) conception of the ‘sick role’ through to the pervasive promotion and usage of the ‘medical model’ in psychiatry and beyond. It sites the care of disabled people as belonging within the medical profession and associated health roles and raises interesting questions over the ‘curability’ of disability. In particular, it validates medical intervention, or interference, in the lives of disabled people – often at the expense of any recognition of how the environment or the prevailing social culture plays a part in disabling people with impairments. It is also essentially patronising and excluding in nature as it portrays the afflicted as exempt from social responsibilities and unable to participate in society due to their condition.

The deviant individual as an ‘Object of Ridicule’.

In this role Wolfensberger (1972) emphasises the dismissive nature of society which often views disabled or intellectually impaired people as being figures of fun whose lives, behaviour and mannerisms cause amusement and titillation to the able bodied.

As Lockyer (2015,1399) suggests;

‘From Aristotle, Plato and Socrates to the fool and jester of the Middle Ages, Elizabethan joke books and freak shows of the eighteenth and nineteenth centuries, and the introduction of asylums, such as Bedlam, impairments have been a source of amusement for nondisabled people.’

In the UK a change in culture which has led to people taking more care with language and ‘jokes’, a greater visibility of disabled people and the emergence of comedians who themselves have disabilities, coupled with the enactment of a range of anti-discrimination policies and legislation has led to a reduction in the ridiculing of some vulnerable groups. Conversely, a recent plethora of television programmes and articles in the media either mocking or sensationalising the lives of ‘chavs’, benefit claimants or teenage parents demonstrates that some groups of disenfranchised people are still viewed as being a ready source of amusement.

The deviant individual as an ‘Eternal Child’.

This final categorisation is inter-related to a number of previous conceptions as it views the deviant as always being younger than their chronological age. This perception carries with it patronising notions of innocence, immaturity and blamelessness. It actively leads to the infantilisation of adults and can give rise to them being subjected to the same forms of address, rules and management as children. It also implies that people with intellectual and other disabilities are asexual and do not experience the same physical and sexual needs as ‘normal’ adults.

Discussion

These summaries provide a partial insight into one theorists' view of the enduring history of labelling, exclusion and stereotyping commonly experienced by people with intellectual impairments and other forms of disability. The roles devised by Wolfensberger were not intended to offer a comprehensive or exclusive view of the history of labelling, and are clearly open to challenge, addition and critique.

Nonetheless, his theoretical understanding offers a foundation on which to develop a discussion regarding the perception and treatment of people who are viewed as being different from those around them. Whilst Wolfensberger used the term 'historic' he was all too aware that the roles he described had contemporary relevance to the perception and care of vulnerable people in the United States in the latter decades of the twentieth century. Similarly, using an analysis of events and behaviours at Westgate College and Winterbourne View, it is possible to argue that Wolfensberger's typology remains equally relevant today for at least some care providers in the UK. Whilst it would be simplistic to use Wolfensberger's typology in a prescriptive way, it is possible to see that many of the historic roles were present. Interestingly, some were more prominent than others and some were present at the expense of others

In the serious case review on Winterbourne View Flynn (2012,v) describes the residents as being a 'uniquely disadvantaged' group who prior to admission had led 'lives interrupted by sexual assaults, distress, bereavements and losses.' Typically they were admitted to the hospital from forensic mental health units, foster care arrangements, bed and breakfast accommodation, and challenging behaviour services as well as from families at breaking point, no longer able to manage their complex and enduring conditions. On the basis of evidence provided to Flynn by

residents, and their parents and carers, it is not difficult to suggest that the process of de-humanising started well before admission to Winterbourne View with residents undergoing a collective experience of incarceration, segregation and exclusion. Nonetheless parents in particular noted that admission to the hospital led to the emergence of a range of new issues including the (over)use of psychotropic medication by staff, an inattention to patients' appearance, the occurrence of unexplained injuries and in return the development of behavioural responses from patients such as aggression and self-harm. It is clear that the process and physical reality of admission to Winterbourne View, together with the imposition of amended treatment plans, was of significance to the lives of patients. This is hardly surprising given their pre-existing vulnerability and their complex needs, coupled with the difficulty of negotiating a major life transition.

As previously noted, Wolfensberger was influenced by other thinkers including Erving Goffman whose work provides a number of insights into the significance of admission and transition in institutional care. In particular, Goffman (1961) offers a penetrating analysis of the move from being a 'prepatient' to becoming a 'patient'. In this uncomfortable phase of existence 'the inpatient finds himself cleanly stripped of many of his accustomed affirmations, satisfactions, and defences, and is subjected to a rather full set of mortifying experiences.' (Goffman 1961,137) As this transition unfolds, the newly arrived patient begins to accept the restrictions and reality of their limited and corrosive existence within the institution, characterised as it is by an absence of individuality and the imposition of rules and regulations. Staff often describe this process as 'settling down' as the inmate gives up any notion of resistance to being defined as a patient.

At Westgate College and Winterbourne View it could be argued that the actions of the staff, from admission onwards, stripped residents of a number of valued roles, making it easier for them to acquire other more pernicious (historic) roles which validated and permitted their abuse. Residents were stripped of, or not given, a range of roles which potentially had value and significance. For example, the role of 'paying customer', or 'vulnerable adult', or even that of 'patient' as these roles imply a number of rights and privileges which were markedly absent. As Bonner (2015) has revealed relatives of Winterbourne View residents were similarly stripped of their valued roles of 'carer' or 'parent' by the actions of the staff. He records that on occasions he was prevented from seeing his son, that telephone calls to his son were cut short, and that he felt his influence was undermined by frequent references to his son potentially being sectioned and forcibly detained under the Mental Health Act if his family did not comply with staff wishes. As the roles of 'carer' and 'parent' were diminished by the actions of staff it is salutary to reflect that residents also began to lose their valued and protective status as 'sons' or 'daughters'. As Flynn (2012,vii) remarks the parents of patients were not treated as partners, or treated with trust or respect, on the contrary 'they were excluded from having a full picture of events at the hospital.' This diminution of contact with the outside world and the loss of protective or supportive roles by parents further enabled staff to abuse residents in their care.

It is also relevant to consider that Flynn (2012) attributes responsibility for the events that occurred at Winterbourne View to a range of organisations and people, all of whom seemingly relinquished obligations and requirements that were inherent within their 'valued roles'. For example, the CQC is criticised for adopting a 'light touch' approach to their regulatory responsibilities. Managers at the hospital did not

respond in a robust and rigorous way to information they received which clearly indicated that abuse was taking place. National Health Service commissioners failed to accept responsibility for monitoring and evaluating the services they purchased from the hospital, and made assumptions that the care provided was of a high quality. Explicitly, many staff members voluntarily relinquished their valued roles of 'carer' and 'whistle blower' as they colluded with the abuse and did not alert managers to the existence of the problem.

Implicitly, it could also be argued that in both of these institutions professionals who placed, visited or reviewed residents failed to accept their valued role as sceptical and inquisitive outsiders whose first responsibility is a duty of care to their patient/service user. Given the level of misery, pain and behavioural indicators described in Bristol Crown Court, by various reviews and inquiries, and in the press, it seems unlikely that all of the professionals who visited residents at Winterbourne View or Westgate College were oblivious to their distress.

Other major historic roles identified by Wolfensberger were also largely absent. For example, the conceptualisation of residents as being an 'object of pity'. Whilst considerable care needs to be taken with such a contested term, inherent within the conception is the understanding that at least a measure of empathy or care should or could be extended to those 'unable to help themselves'. On the contrary, as has been described, residents received little in the way of pity or even consideration.

Perhaps more evident at both institutions was the conceptualisation of residents as being a 'menace'. In this stereotype the individual is seen as being a threat whose behaviour needs to be contained and controlled by those in positions of authority. As has been documented, at Winterbourne View new residents in particular exhibited a

range of 'challenging' behaviours which had the potential to disrupt the routines of staff and the management of the ward. These behaviours in themselves were sufficient to lead to the acquisition of labels such as 'troublesome' or 'difficult to manage'. Equally, it is possible to see that even if the initial transition into institutional care went smoothly, that subsequent behaviours exhibited in response to the experience of abuse and violence led to the labelling of residents as being a menace that needed to be contained, sometimes through the use of force. As Flynn (2012,ii) records at Winterbourne View, one staff member stated in reference to a young woman with substantial intellectual disabilities, 'the only language she understands is force.'

It is also possible to argue that residents at both institutions were perceived as being 'holy innocents' or 'eternal children'; an acquired role which again further increased their vulnerability. In other words, the taunts, abuse and humiliations inflicted on them were minimised by staff because students would not, or could not, understand what was happening to them. Tellingly, at Westgate College one of the staff members dismissed for his involvement in the abuse and torture of vulnerable residents 'felt the incident brought no harm to the students' (BBC 2016b). Another sought to distance themselves by suggesting that 'there was no footage that displayed him acting inappropriately' (BBC 2016b). Of the four members of staff dismissed for their part in the incident, only one has publicly expressed regret for their actions. Additionally at Winterbourne View Flynn (2012) notes, that the principle method of control exercised by staff was to reward 'good behaviour' with sweets which suggests that adult residents were infantilised and subject to a regime and method of management more applicable to small children.

As previously noted, the converse stereotype of residents being 'sick' or being a 'diseased organism' and in need of care, protection and attention was not apparent in either institution. Whilst medication was used, and on occasions was forced into the mouths of residents, and hospital cultures and ways of working were evident at Winterbourne View, there was an absence of any form of 'nursing' being extended to 'patients'. There was a lack of empathy extended towards residents and no recognition that they had been placed in these settings because they needed a measure of specialised health related care.

Additionally, the case studies confirm that residents at both institutions were routinely seen as being 'objects of ridicule'. The absence of detail in the reports leads to a certain amount of speculation, but it is possible to see that staff at both institutions coalesced into a tightly knit powerful group who seemingly enjoyed treating vulnerable young adults in their care, or more accurately in their control, as toys or playthings. This is especially the case at Westgate College as indicated by the CQC (2016) who found evidence that residents were being 'ridiculed for their physical and learning disabilities'. The precise meaning of this statement is unclear, but it is evident from mobile phone footage that staff thought nothing of mocking students, embarrassing them in front of other people and disrespecting their needs in a way that emphasised their disability and dependence. As the CQC report indicates, staff used ridicule, punishment, humiliation and violence to create an environment where abuse was redefined as nothing more than amusement or the playing of games.

It could be argued that the real strength of using the major historic roles as a theoretical lens to analyse aspects of the current landscape is that they reaffirm that the dis-abling of 'vulnerable' people in institutional care is more to do with structural and systemic factors, such as staff cultures, ways of working and the power of

labelling, than individual deficiency and pathology. Whilst this is hardly a revelatory statement in the current climate of disability studies, its' significance and strength at the time of writing should not be underestimated. At that time some attention had been given to the care and treatment of disabled people, especially those in contact with psychiatric services. An emerging anti-psychiatry movement in the 1960's, driven by such pioneering thinkers such as Thomas Szasz and RD Laing focused attention on the medicalisation of mental illness and the contested role of hospitals, psychiatrists and drug therapy. Concern about the life and treatment of other people with disabilities was less noticeable and it could be argued, that the lives of physically and intellectually disabled people were still characterised by indifference and neglect.

Within this stream of critical thinking Erving Goffman produced ground breaking work on the nature of institutions, especially those in America which cared for 'mental patients and others' (Goffman, 1961). Goffman argued that institutions had the propensity to become 'total' institutions if they began to be characterised by a number of attributes. These were 'batch living' where residents were encouraged or forced to undertake tasks in the immediate company of others, with little or no room for individual choice. 'Binary management' where a distinct separation existed between the world of the inmate and the world of the staff. This world was characterised by disparity in power between staff and patients, and a social distance which kept the two groups distinct and separate from one another. This understanding remains particularly relevant for any analysis of Westgate College and Winterbourne View where it is evident that staff exercised considerable power over residents and did not see themselves as sharing a common humanity. Additionally, as has been noted, at Winterbourne View in particular staff worked hard to create a

distance between themselves and the hospital and parents and carers. Carers were asked not to visit, or had their contact curtailed. In effect, staff established a barrier or replicated 'binary management' between the hospital and carers. Thirdly, the 'inmate role' where the patient becomes assimilated into the institution and, either willingly or otherwise, adopts a range of coping behaviours to enable him to survive. Finally, 'the institutional perspective' a view of life which seeks to promote and validate the institution's existence through the provision of communal activities and showpiece activities such as open days or bulletins provided to the local community. Interestingly what remains of the Westgate College website shows smiling staff assisting happy young people to undertake a range of worthwhile practical tasks, interspersed with photographs of students enjoying sport and horse-riding.

Goffman (1961) also highlighted that there is often a contradiction between what institutions say they do and what they do in practice. Again this is exemplified by the 'mission statement' on the Westgate College website which reassuringly talks of rights, equality, diversity and the promotion of choice and independence 'for all learners.' None of which were experienced by those students who were so publically tortured and abused. Central to Goffman's observation was that staff who make policies frequently have no responsibility for implementing them 'on the ground'. Often it is staff who are transient, modestly paid and inadequately trained who are expected to implement policies which define the existence of residents, with little if any oversight or direction from managers. This is particularly relevant to our two case studies where there was an absence of managerial oversight or responsibility, and to the wider social care sector which is increasingly reliant on a highly mobile and increasingly unqualified workforce.

Goffman's contribution to disability studies should not be underestimated or over looked as his insights explicitly strengthened the argument for the closure of long stay institutions. Critics of his work, however, suggest that he offers a consensual position which thoughtfully examines the status quo but fails to recognise or critique the influence of wider structural factors. Wolfensberger on the other hand not only offered a view of how things are, but also provided a dynamic theoretical framework and a set of principles for the 'normalisation' of the lives and care of disabled people. His recognition that existing regimes and ways of working, characterised by the major historic roles he identified, could never lead to the production of fulfilled lives for disabled people, led him to consider the development of alternatives. He drew upon existing models and thinking from Scandinavia, and over a period of several years refined his theory concerning the implications of normalisation. His initial definition argued for the 'utilisation of means which are as culturally normative as possible, in order to establish and/or maintain personal behaviours and characteristics which are as culturally normative as possible' (Wolfensberger 1972,28). This promotion of the opportunity or the need for disabled people to live 'normal' lives has often been controversial as it has called into question what is meant by normal, and why being normal should be seen as being attractive.

The theory and principles of normalisation have undergone a number of iterations over the years not least from writers such as O'Brien and Tyne (1981) who formulated the concept of 'major service accomplishments'. This reworking focussed on issues which were central to Wolfensberger, such as the promotion of choice, the development of skills which decrease a persons' level of dependency, the enhancement of respect and above all, meaningful participation in all aspects of everyday life.

Importantly, the principles of normalisation have had a major impact on social policy in the UK and the provision of care services to disabled people, and can be seen as being an influential driver in the closure of long stay institutions and the development of more personalised, community based alternatives. Even so, it has to be acknowledged that the current policy climate, which owes much to writers like Wolfensberger, with its' emphasis on personalisation and community care did little to help the people affected by events at Westgate College or Winterbourne View.

Conclusion

This article has sought to review Wolf Wolfensberger's typology of major historic roles and to analyse their currency in the light of the contemporary care of people with intellectual and other disabilities. Using two recent examples from the UK of where care has gone wrong it has concluded that Wolfensberger's theoretical typology still has relevancy and provides a theoretical lens which enables us to analyse the perception and stereotyping of vulnerable groups. What is perhaps most remarkable is that the abuse and stereotyping that Wolfensberger identified as historically existing and prevalent in the United States forty years ago continues to exist today. Despite the fact that disabled people's lives and entitlements have changed, and possibly improved, in the UK over the past thirty years there still remains a disturbing, hidden world where some vulnerable people are systematically abused and tortured purely for being 'not like us.'

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